

Foster Family Home - Corrective Action Report

Provider ID: 1-512055

Home Name: Soledad Agabao, CNA

Review ID: 1-512055-7

2340 California Avenue

Reviewer: Maribel Nakamine

Wahiawa HI 96786

Begin Date: 2/3/2021

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Recertification inspection for a 3 person CCFFH completed.

Home is in compliance with all requirements. Home will receive a 3 bed certification.

Maribel Nakamine, RN 2/3/2021

Compliance Manager

Date

Agabao

Primary Care Giver

2/3/2021

Date